2011 Drinking Water Infrastructure Needs Survey and Assessment

U.S. Environmental Protection Agency
Washington, DC 20460

OMB No.: 2040-0274
Approval Expires: 02/28/2014
Federal PWSID No.: _____

Please verify or correct the following information:

	Check if Correct as Printed	Corrected Information *(Fill in only if preprinted information is missing or incorrect)*
Name of System (Community):	☐	
Name of Contact for Water System: (Record name of person completing survey on page 8; may be same person) Street Address: City, State, and Zip:	☐	
Population Served (if wholesale seller, include population of systems sold to):	☐	
Number of Connections (not including those in consecutive systems):	☐	
Total System Design Capacity: _____ MGD		
Source Water Type (Ground, Surface/GWUDI, etc.):	Check All That Apply: ☐ Ground ☐ Surface/GWUDI ☐ Purchased Ground ☐ Purchased Surface/GWUDI	
Ownership Type:	Check All That Apply: ☐ Public ☐ Federal Government ☐ Native American ☐ Investor-Owned or Private Non-Profit	

State Use Only
State Reviewer: _____ **Telephone Number:** _____

Information provided for this survey can be requested by the public. It is our experience that survey information is rarely requested.

Source, Treatment, Storage, and Pumping Inventory

To ensure all potential source, treatment, storage, and pumping projects are considered, it may be helpful to complete some or all of this inventory table. However, completion of this table is not required.

- **Source Projects** are all projects related to collecting and pumping raw water. This includes wells, surface water intakes, springs, off-stream raw water storage, pumps, and well houses.
- **Treatment Projects** are all projects related to disinfection, filtration, or other treatment processes for ground or surface water sources, or for treatment applied in the distribution system.
- **Storage and Pumping Projects** are related to finished or treated water storage, and booster pump stations.

Source Water			
Inventory	**Needing Replacement**	**Needing Rehabilitation**	**New Infrastructure Needs**
Total Number and Capacity of Existing Wells or Springs:	Wells (pumps included) or Springs:	Wells (pumps included) or Springs:	Does your system have additional source water capacity needs to meet the needs of current users? (check one) Yes ___ No ___
Total Number and Capacity of Existing Surface Water Sources:	Existing Surface Water Intakes (excluding pumps):	Existing Surface Water Intakes (excluding pumps):	If yes, how many additional sources are necessary? And what are the design capacities?
Total Number and Capacity of Existing Pumps (excluding booster pump stations):	Existing Groundwater Pumps (if wells not listed):	Existing Groundwater Pumps (if wells not listed):	
	Existing Raw Surface Water Pumps:	Existing Raw Surface Water Pumps:	
Treatment			
Inventory	**Needing Replacement**	**Needing Expansion/Upgrading or Rehabilitation**	**New Infrastructure Needs**
For the sources identified above, enter the number of locations where the following treatment is applied:			
Disinfection (including booster disinfection):	Disinfection:	Disinfection:	Does your system have additional treatment needs for provision of additional public health protection or for aesthetic concerns? (check one) Yes ___ No ___ If yes, what additional treatment is necessary?
Filtration:	Filtration:	Filtration:	
Chemical removal or addition:	Chemical treatment:	Chemical treatment:	
Storage and Pump Stations			
Inventory	**Needing Replacement**	**Needing Rehabilitation**	**New Infrastructure Needs**
Total Number and Capacity of Existing Storage Tanks:	Number of Existing Storage Tanks:	Number of Existing Elevated or Ground-Level Storage Tanks:	Does your system have additional storage capacity and/or booster pumping needs to meet the needs of current users? (check one) Yes ___ No ___ If yes, how much additional finished water storage or booster pumping capacity is necessary?
Total Number and Capacity of Existing Booster Pump Stations:	Number of Existing Booster Pump Stations:	Number of Existing Booster Pump Stations:	

Source, Treatment, Storage, and Pumping Projects

Project Number	Project Name	Type of Need (List 1)	Reason for Need (List 2)	New, Replace, ReHab, Expand/ upgrade	Current or Future	Reg or Secondary Purpose (List 3)	Design Capacity (MG, MGD, kW)	Number Needed (if applicable)	Cost Estimate (if available)	Date of Cost Estimate (Month/ Year)	Documen-tation (List 4)
Ex. 1	*Replace Wells 3 and 8 at 0.5 MGD each*	*R1*	*A1*	*R*	*C*	*4A*	*0.5*	*2*	*-*	*-*	*6, 10*
Ex. 2	*Rehab Treatment Plant and Booster Station*	*T10, P2*	*A1,A6*	*H*	*F*	*1A*	*5.0*	*1*	*$6,027,000*	*12/2009*	*4*
1000											
1001											
1002											
1003											
1004											
1005											
1006											
1007											

If a project is coded 2G for "climate readiness" from List 3, please refer to page 7 for supplemental questions.

If you have more source, treatment, storage, or pumping projects check this box ☐ and continue on a supplemental sheet (included in this package or downloadable at www.DWNeeds.com). Project numbers for these types of projects are 1000-1999, and should be numbered in sequence.

EPA requires documentation of all projects provided. Applicable types of documentation are presented in List 4 of the Lists of Codes. Use only existing documentation of cost. We do not expect you to develop new cost estimates.

Transmission and Distribution Inventory

Transmission and distribution projects are the piping needs of a water system. **Projects for valves, backflow prevention devices and assemblies, hydrants, and meters** that are not part of a transmission or distribution project listed in this table should be recorded in the table on page 6.

On the table below, please provide an estimate of the total feet or miles of pipe in your system, if possible. Completion of this table is not required, but it may be helpful to ensure all potential transmission and distribution pipe projects are considered.

Note: The total feet or miles of pipe in your system is required information if any pipe projects are submitted based solely on survey-generated documentation (documentation codes 10 or 11).

_____ **Total feet or miles of pipe in system** *(Circle or underline feet or miles)*

Total Pipe in System *(Circle or underline feet or miles)*		<=6 inch	8-12 inch	15-42 inch	>=48 inch
Plastic	_____ Feet or miles	Amount of PVC by pipe size	_____ feet or miles	_____ feet or miles	_____ feet or miles	_____ feet or miles
	_____ % of total pipe	% of this category/size pipe currently in poor condition or beyond useful life	_____ %	_____ %	_____ %	_____ %
Ductile Iron	_____ Feet or miles	Amount of ductile iron by pipe size	_____ feet or miles	_____ feet or miles	_____ feet or miles	_____ feet or miles
	_____ % of total pipe	% of this category/size pipe currently in poor condition or beyond useful life	_____ %	_____ %	_____ %	_____ %
Cast Iron	_____ Feet or miles	Amount of cast iron by pipe size	_____ feet or miles	_____ feet or miles	_____ feet or miles	_____ feet or miles
	_____ % of total pipe	% of this category/size pipe currently in poor condition or beyond useful life	_____ %	_____ %	_____ %	_____ %
Asbestos Cement	_____ Feet or miles	Amount of asbestos cement by pipe size	_____ feet or miles	_____ feet or miles	_____ feet or miles	_____ feet or miles
	_____ % of total pipe	% of this category/size pipe currently in poor condition or beyond useful life	_____ %	_____ %	_____ %	_____ %
Other	_____ Feet or miles	Amount of other by pipe size	_____ feet or miles	_____ feet or miles	_____ feet or miles	_____ feet or miles
	_____ % of total pipe	% of other currently in poor condition or beyond useful life	_____ %	_____ %	_____ %	_____ %

Transmission and Distribution Projects

Project Number	Project Name	Type of Need (List 1)	Reason for Need (List 2)	New, Replace, or ReHab	Current or Future	Reg or Secondary Purpose (List 3)	Diameter of Pipe (Inches)	Length of Pipe (Feet)	Cost Estimate (if available)	Date of Cost Estimate (Month/Year)	Documen-tation (List 4)
Ex. 1	*Cleaning and Lining Old Cast Iron Mains*	*M1*	*A1*	*H*	*C*	*4A*	*12*	*18,000*	*-*	*-*	*11*
Ex 2	*Replace Deteriorated Transmission Main*	*X2*	*A1*	*R*	*C*	*4A*	*24*	*20,000*	*$4,200,000*	*06/2008*	*1*
2000											
2001											
2002											
2003											
2004											
2005											
2006											
2007											

If a project is coded 2G for "climate readiness" from List 3, please refer to page 7 for supplemental questions.

If you have more transmission or distribution projects check this box ☐ and continue on a supplemental sheet (included in this package or downloadable at www.DWNeeds.com). Project numbers for transmission or distribution projects are 2000-2999, and should be numbered in sequence.

EPA requires documentation of all projects provided. Applicable types of documentation are presented in List 4 of the Lists of Codes. Use only existing documentation of cost. We do not expect you to develop new cost estimates.

Meters, Service Lines, Backflow Prevention Devices/Assemblies, Hydrants, Valves, etc.

Projects for meters, service lines, backflow prevention devices and assemblies, valves, hydrants and other miscellaneous projects are recorded in this section to accommodate entries of multiple identical items on one line in the project table. **Record only projects that are not a part of another project (e.g., water main replacement projects will already include valves, hydrants, and other appurtenances).** EPA requires documentation of all projects provided. Applicable types of documentation are presented in List 4 of the Lists of Codes. Use only existing documentation of cost. We do not expect you to develop new cost estimates.

Inventory	Needing Replacement	New Infrastructure Needs
Total Number of Existing Water Meters:	Number of Water Meters:	Number of Water Meters:
Total Number of Existing Backflow Prevention Devices/Assemblies:	Number of Backflow Prevention Devices/Assemblies:	Number of Backflow Prevention Devices/Assemblies:
Total Number of Existing Valves:	Number of Valves:	Number of Valves:
Total Number of Existing Hydrants:	Number of Hydrants:	Number of Hydrants:
Total Number of Lead Service Lines:		

Project Number	Project Name	Type of Need (List 1)	Reason for Need (List 2)	New, Replace, or ReHab	Current or Future	Reg or Secondary Purpose (List 3)	Size (Diameter in Inches)	Number Needed	Cost Estimate (if available)	Date of Cost Estimate (Month/Year)	Documen-tation (List 4)
Ex.1	*Replace Lead Service Lines*	*M2*	*A6*	*R*	*C*	*1D*	*-*	*100*	*$100,000*	*05/2010*	*9, 11*
3000											
3001											
3002											
3003											
3004											

Project Number	Project Name	Type of Need (List 1)	Reason for Need (List 2)	New, Replace, or ReHab	Current or Future	Reg or Secondary Purpose (List 3)	Size (Diameter in Inches)	Number Needed	Cost Estimate (if available)	Date of Cost Estimate (Month/Year)	Documen-tation (List 4)
3005											
3006											
3007											
3008											

If a project is coded 2G for "climate readiness" from List 3, please refer to the supplemental questions below.

If you have more of these types of projects check this box ☐ and continue on a supplemental sheet (included in this package or downloadable at www.DWNeeds.com). Project numbers for these types of projects are 3000-3999, and should be numbered in sequence.

Climate Readiness Supplemental Questions

If you used code 2G from List 3, in the "Regulation or Secondary Purpose" column of the survey, indicating that you have one or more projects that are related to climate readiness, please answer the following questions. Only one response is requested; do not provide a response for each project.

Projects that included a climate ready component [Project #(s)]: _____

Which of the following secondary consequences of climate change have contributed to your system's need for climate readiness projects? (check all that apply)

- ○ Source water quality (e.g., water quality degradation affecting treatment processes, alternate sources)
- ○ Source water quantity (e.g., availability affected by snowmelt or weather patterns, or hydraulic patterns)
- ○ Infrastructure Vulnerability (e.g., facility locations affected by sea level rise, increased precipitation intensity)
- ○ Other (please explain)_____

Please describe the data you are relying on to determine climate change consequences and implications.

- ○ Model developed from state-specific data.
- ○ Model developed from region-specific data.
- ○ Other (please describe)_____

Respondent Information

Please provide the following information in case we need to contact you for clarification or additional explanation of any of your responses.

Contact Person (Person who completed this questionnaire):

Signature: _____

Name (please print): _____

Title: _____

Mailing Address: _____
(Street Address)

_____

_____

Telephone Number: _____

Fax Number: _____

E-mail Address: _____

Best Time to Reach You: _____

If you have any questions, contact your state coordinator or call the U.S. EPA toll-free Needs Survey Helpline at 1-877-357-9030.

CLOSING: Thank you for your help. Did you remember to:

☐ Attach all additional project tables to the questionnaire?

☐ Identify, by project number, available documentation for all needs and costs reported above?

☐ Put the questionnaire and the documentation in the pre-paid, pre-addressed Federal Express Pak provided and return this questionnaire and the documentation to the address below? (See the pink enclosure for further return instructions.)